Substance Abuse Among Women

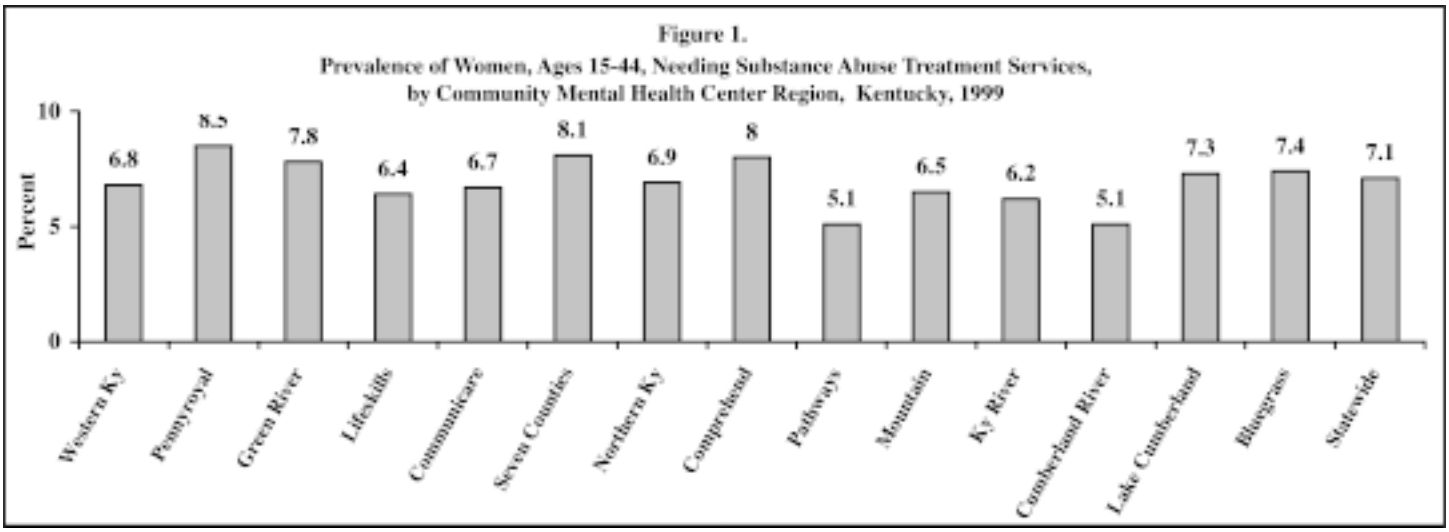
Substance abuse among women is an issue that is often overlooked as a serious health problem with negative physical and mental health consequences. Women are more inclined to hide their substance abuse for a number of reasons, including shame, stigmatization, or fear of losing their children. Women with substance abuse problems often have more complex reasons for abuse than men and require different forms of treatment. According to the University of Kentucky Institute on Women and Substance Abuse, in 1999, of the estimated 72,000 women in Kentucky who abused alcohol and / or other drugs, only 22 percent received treatment.[1]

In 1999, the Kentucky Department for Mental Health / Mental Retardation estimated that approximately seven percent of women, aged 15 – 44, were in need of substance abuse treatment services.[2] This assessment included estimates by Community Mental Health Centers located in districts across the state and found the highest prevalence of women in need of substance abuse treatment in the Pennyroyal district. The lowest prevalence was found in the Pathways and Cumberland River centers.[3] (Fig. 1) (See Appendix A for counties in each district)

Studies show women develop substance abuse problems faster than men, after the initiation of substance use. They also suffer more physical problems due to substance abuse.[4] Common physical ailments related to alcohol abuse include thiamin deficiency, liver disease, and diseases of the pancreas. In addition, women substance abusers often participate in risky behaviors that increase their chances of contracting sexually transmitted diseases (STDs) and HIV.[5] Likewise, women are often more debilitated by substance abuse than men, due to delayed treatment or lack of treatment altogether.

Not only is substance abuse a health problem, but it is a health problem with negative social consequences. Approximately, 20 percent of welfare recipients nationally have alcohol and drug problems and substance abuse is among the most frequently cited functional impairments preventing welfare recipients from leaving welfare and completing job training.[6] Substance abuse is a significant factor for many female caregivers involved in the child welfare system. Between one-third and two-thirds of families involved with child welfare have substance abuse problems.[7] Women who do not successfully complete substance abuse treatment within a designated time frame often risk losing custody of their children.[8]

Women's incarceration due to substance abuse also affects



SOURCE: Kentucky Needs Assessment Project, 1999. Developed from the 1999 Adolescent and Adult Household Survey data and University of Kentucky Center for Drug & Alcohol Research

children's lifestyle. Nationally, the number of women in state prisons for drug offenses increased from 2,400 in 1986 to 23,700 in 1996 and two-thirds of these women have children under the age of 18.[9] Of the 1,062 women prisoners in Kentucky in 2001, 441 (42 percent) had at least one drug-related offense.[10]

Barriers to Treatment

One of the biggest barriers women face in seeking treatment for substance abuse is the greater disgrace society attaches to women's substance abuse and dependency than to men's. The resulting shame and stigma can lead to the denial of the problem by the women involved, as well as by their families, employers, doctors and religious leaders.[11] (Fig. 2) Because of women's frequent utilization of health services, physicians have a great opportunity to detect substance abuse and make the appropriate referrals. However, 94 percent of primary care physicians fail to diagnose substance abuse when presented with early symptoms of alcohol abuse in an adult patient. Only 17 percent of doctors consider themselves "very prepared" to diagnose illicit drug use.[12]

Despite the fact that alcoholism has been recognized as a disease for decades, we now realize that drug addiction also affects brain chemistry and like alcoholism, is a chronic illness. Even with this knowledge, there continues to be a lack of screening, detection, and referral to treatment that prevents adequate recovery for women.

The issues women bring to substance abuse treatment are

Figure 2.
Barriers to Treatment for Female Substance Abusers

External Barriers:
- Different referral patterns
- Inadequate training of health professionals
- Opposition by family or friends
- Inadequate financial resources and insurance
- Comprehensive services not in a single location
- Lack of child care facilities
- Male-oriented treatment services

Internal Barriers:
- Denial of the problem
- Guilt and shame
- Fear of stigmatization
- Fear of leaving or losing children

SOURCE: University of Kentucky Center on Women and Substance Abuse

Figure 3.
Women Presenting at Kentucky Health Departments for Pregnancy Testing, by Substance Abuse Treatment Status, 1997

	Frequency	Was in Treatment	Unable to Get Treatment	In Need of Treatment
KENTUCKY	1,453	1.8%	0.2%	10.1%
AGE				
11-17	206	3.3	0.4	17.1
18-24	694	0.8	0.1	9.8
25-51	546	2.4	0.3	7.9
RACE				
Non-White	159	4.3	0.5	8.4
White	1,294	1.4	0.2	10.3
MARITAL STATUS				
Married	624	1.0	0.0	3.9
Other	211	3.2	0.8	13.5
Single	578	1.9	0.1	15.5
INCOME				
$0-10,000	570	2.6	0.1	11.1
$11-20,000	357	0.8	0.5	9.9
$21,000+	393	0.7	0.0	9.7
PREGNANT				
No	947	1.6	0.4	8.7
Yes	433	2.5	0.0	13.3

SOURCE: Wolfe, James, et.al., *Substance Use and Need for Treatment Among Women of Childbearing Age*. Prepared for the Center on Substance Abuse Treatment, University of Kentucky on Drug and Alcohol Research, 1997

often more numerous and complex than men's issues. Compared to the general population, women in treatment show significantly higher rates of:[13]

- Childhood sexual abuse
- Childhood and adult domestic violence
- Medical problems
- Unemployment
- Homelessness
- Mental health problems (e.g. depression and PTSD)
- Primary caretaking responsibilities for children and other family members
- Shame and guilt related to substance abuse

If not addressed, the above issues can be key factors for women's relapse to substance use. Therefore, successful treatment for women substance abusers must address these sensitive issues within an emotionally and physically safe context.

Once women decide to seek treatment for substance abuse, they find that in Kentucky, there is a large gap between the need for treatment and the availability of services, particularly gender-specific and sensitive treatment services. Kentucky

has identified pregnant women as a priority population to receive substance abuse treatment services. However, while the gap for adult women services may be decreasing, it remains significant for non-pregnant women and adolescent females, in particular, ages 12 to 17.[14]

Substance Abuse and Pregnancy

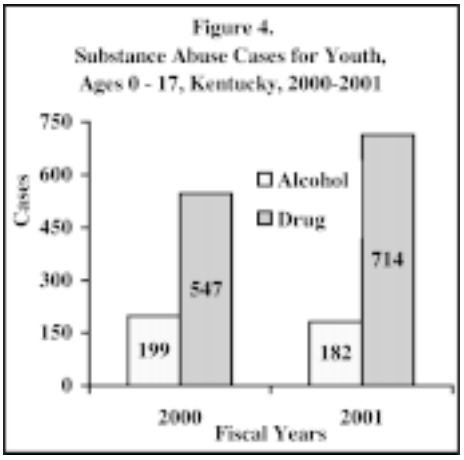
Substance abuse among women, especially pregnant women, poses a risk not only to the mother, but also to the developing fetus. The use of alcohol, tobacco, and / or other drugs during pregnancy continues to be a leading preventable cause of mental, physical, and psychological impairments and problems in infants and children.[15] Almost 19 percent of pregnant women use alcohol in Kentucky and 24 percent report smoking during pregnancy.[16] It is important to note that the percent of women in Kentucky who report smoking during pregnancy is double the national average.[17]

In 1997, a Kentucky study on Substance Use and the Need for Treatment among Women of Child-bearing Age found that approximately 10 percent of all women presenting for pregnancy tests at local health departments across Kentucky were in need of substance abuse treatment. Of these women, those under 18 years of age were most in need of treatment and guidance related to substance use.[18] (Fig. 3) The study further showed that 31 percent of women ages 11 to 17 presenting for pregnancy tests at local health departments used illicit drugs in the past month.[19] Seventeen percent of these women (ages 11 to 17) reported the need for substance abuse treatment - more than any other age group. An additional 24 percent of this age group reported problems with withdrawal from pain medications, which was almost 4 times as high as those over age twenty-five (at about 6 percent).[20]

To identify and treat the problem of substance abuse among pregnant women, the Kentucky Division of Substance Abuse, in conjunction with the Kentucky Department for Public Health, has launched a program under the KIDS NOW initiative. The program was designed to increase the number of pregnant women in Kentucky who receive screening, referral, prevention and treatment services for substance use during pregnancy. Also, Kentucky is the only state in the nation currently providing a Medicaid benefit that covers substance abuse prevention, as well as, treatment services for pregnant women and women who are up to 60 days postpartum.[21]

Substance Abuse among Adolescents

Substance abuse is not limited to the adult population. By the end of eighth grade, 37 percent of adolescents have tried an illicit drug, and by twelfth grade, more than half (56 percent) have done so.[22] In Kentucky, drug abuse treatment cases for youth up to 17 years old, seen within the Community Mental Health Centers increased from 547 cases in 2000 to 712 cases in 2001. (Fig. 4) Illicit drug use tends to be higher among male adolescents. However, differences in the prevalence of heavy drinking



SOURCE: Kentucky Department for Mental Health / Mental Retardation and UK Research & Data Management Center, 2000 - 2001

between males and females have been diminishing, and amphetamine use is slightly higher among females.[23]

Alcohol is the most commonly used psychoactive substance during adolescence. Its use is associated with serious social consequences such as motor vehicle crashes, injuries, fighting, crime, and even death.[24] Heavy, episodic drinking or binge drinking, in which five or more drinks are consumed on one occasion, increases the likelihood of negative outcomes. In 1999 in Kentucky, half of all high school students (48 percent of female students and 52 percent of male students) reported drinking in the previous 30 days. Thirty-seven percent of Kentucky youth reported binge drinking in the prior month and 24 percent reported using marijuana. Another 18 percent reported having sniffed or inhaled intoxicating substances.[25] Current drinking and binge drinking increases significantly between grade 9 and 12 for both male and female students.[26]

The Oxycontin Epidemic

Substance abuse is not limited to alcohol and illegal drugs. Illicit use of prescription narcotics is a growing social problem gaining more of the public spotlight. Specifically, the illegal use of Oxycontin, a prescription narcotic derived from opium, has reached epidemic proportions nationwide. Eastern Kentucky, in particular, has been hard hit by this dangerous trend. Between 1998 and 2000, the number of clients being treated for an addiction to Oxycontin within Kentucky's community mental health system increased 163 percent.[27] In February 2001, Governor Patton announced the formation of a statewide task force to address this severe problem.[28]

NOTES

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[2] Kentucky Department for Mental Health and Mental Retardation Services, *Kentucky Needs Assessment Project, 1999.*
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[13] Alayne White, UK Center on Women and Substance Abuse.
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[17] National Vital Statistics Reports, 2001.
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[25] CDC – YBRFSS Risk Behaviors on Adolescent Health, Kentucky Profile, 1999.
[26] CDC – YBRFSS Risk Behaviors on Adolescent Health – Alcohol Use, 2000.
[27] Community Mental Health Center Client and Event Data, University of Kentucky, Research and Data Management Center, 2001.
[28] Governor Patton Announced Oxycontin Task Force (http://gov.state.ky.us/pressreleases/2001/oxytaskf.htm).